IOWA DEPARTMENT OF PUBLIC HEALTH - IMMUNIZATION PROGRAM **VACCINE TEMPERATURE LOG - CELSIUS**

| Clinic Name: | | | | | | | | | | | | | _ VFC PIN: | | | | | | | | | | Month/ Year: | | | | | | | | | | |
|-----------------------------------|------------|--------------------------|----------------|------------------|-----------------|---------------|----------------|--------|----------------|------------------|-------------------|----------------|------------|------------------|--------|------------------|-------------------|--------------------|-------------------|-------|------|-----------------|----------------|--------------------------|---------------|------------------|--|------------------|---------------|------------------|----------------|-----|--|
| Refrigerator (Main, 1, 2, 3): | | | | | | | | | | | | | | | | | | | | | | | | | | | С |)ays | 16-3 | 31 | | | |
| nstructions for he temperature | completion | n g th i d the | is ten ambi | npera ient (ı | ture I room) | og: (temp | Check eratu | the to | empe e time | rature e of t | es in b he ter | oth t npera | the fre | ezer : readin | and th | ne ref nd you | rigera ur init | itor ui ials. C | nits at Once t | least | twic | e eac nas er | h wor nded, | king day. I save each | Place mont | an "X th's co | " in tl omple | he box ted fo | that rm fo | corres r 3 ye | sponds ars. | S W | |
| Day of Month | | 1 | 6 | 1 | 17 | 1 | 8 | 1 | 9 | 2 | 20 | 2 | 21 | 2 | 2 | 2 | 23 | 2 | 4 | 2 | 5 | 2 | 6 | 27 | 2 | 28 | 7 | 29 | 3 | 0 | 31 | 1 | |
| Time of Day | | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am pm | am | pm | am | pm | am | pm | am | pm | |
| Exact Time | | <u> </u> | | | | | | | | | | | | | | | | | | | | | | | | | $oldsymbol{ol}}}}}}}}}}}}}}}}}}$ | | | | | | |
| Room Temp | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | | | | | | |
| Staff Initials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Record actual temp | ≥ 11° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | ΟU | JT (| OF] | Ran | IGE | 3 - 7 | AK | E A | CTI | ON | IM | ME | DLA | TE | ĹŶ | | | | | | | | | | | |
| | 8° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strive | For 5° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | Οl | JT (| OF] | RAN | IG E | 3 - 7 | AK | E A | CTI | ON | IM | ME | DIA | TE | LY | | | | | | | | | | | |
| | 1° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 0° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Record actual temp | ≤ -1° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Record actual temp | ≥ -12° | | | | | Ι | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | -13° | | | | | | | | | | | | | | | | | | | | | | | | | | \vdash | | | | | | |
| | -14° | | | | | | | | | | | | | | | | | | | | | | | | | | \vdash | | | - | | | |
| | 17 | | : | | : | | : | OI | IT (|)F | RAN | JGF | - 1 | AK | F A | CTI | ON | IM | MF | DIA | TE | Y | | | | | | | | | | | |
| | -15° | | | | | | | | 1 | | . 11 | 101 | | | | | | 7.4 | | J 17 | | - 7 . | | | | | | | | | | | |
| | -16° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \Box | | | |
| | -17° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | -18° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | < -19° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IQWA. Immunization Program If the recorded temperature is in the shaded zone: This represents an unacceptable temperature range follow these steps:

2. Call the manufacturer(s) of the affected vaccine(s).

3. Call the Iowa Immunization Program at 1-800-831-6293.

1. Store the vaccine under proper conditions as quickly as possible.

4. Document the action taken on the Emergency Vaccine Response Worksheet, and Troubleshooting Record.

Iowa Immunization Program: www.idph.state.ia.us/adper/immunizations.asp

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|--|--------|----------------|-----------------|------------------|----------------|------------------|--------------------|------------------|--------|-----------------|-------------------|------------------|-------------------------|------------------|--------------------|-------------------|-------------------|------------------|---------|------------------|-----------------|--------|------------------|----------------|----------------|-------------|-------------------|-------------------|-----------------|-----------|
| Instructions for completing the temperature and record | g this | s tem ambie | perat nt (ro | ure lo om) te | g: Ch emper | neck t ature, | he ten , the ti | nperat ime of | ures i | n botl empei | n the f rature | reezei readii | r and t ngs, ai | the re nd yoı | frigera ur init | ator u ials. O | nits a Ince tl | t least he mo | t twice | e each as end | work led, sa | ing da | ay. Pla ch mo | ce an nth's | "X" in comp | the b | ox that form f | at corr or 3 y | respon ears. | nds |
| Day of Month | 1 | | : | 2 | | 3 | 4 | 4 5 | | 5 | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | 1 | 15 |
| Time of Day | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | р |
| Exact Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Т |
| Room Temp. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | (| DUT | OF | RA | NG | E - ' | Tak | $\mathbf{E} \mathbf{A}$ | CTI | ON | IM | ME: | DIA | TEL | Y | | | | | | | | | | |
| 8° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Γ |
| Strive For 5° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Π |
| 3° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Π |
| 2° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| -15° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | T |
| -16° | | | | | | | | | | | | | | | | | | | | | | | | | | - | | | | t |
| -17° | | | | | | | | | | | | | | | | | | | | | | | | | \vdash | | | \vdash | | + |
| -18° | | | | | | | | | | | | | | | | | | | | | | | | | | - | | | | \dagger |
| ≤ -19° | | | | | - | - | | | | - | | | - | - | | | - | - | _ | | \vdash | - | _ | - | \vdash | +- | - | \vdash | \vdash | ÷ |

follow these steps: Iowa Immunization Program: www.idph.state.ia.us/adper/immunizations.asp

Immunization Program

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- 2. Call the manufacturer(s) of the affected vaccine(s).
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